

***Health and medication form***

*PLEASE FILL IN THE FORM USING A COMPUTER*

*Email the form to gymnasiet@swedishschool.org.uk*

**Student name:**

**Student Date of Birth:**

**Describe condition and give details of symptoms and/or special requirements:**

**Name of medication, if applicable:**

**Dose and instrument for administration of medication (epipen, tablet, syrup etc):**

**Frequency and times of medication:**

**Medical contact (name of hospital/practice and doctor if known and contact details):**

**Emergency contact (name and contact details):**

***Please notice, if you are bringing medication from Sweden, remember to bring documentation that proves that the medication is for your personal use.***